

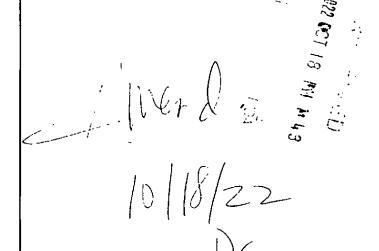
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COVER LETTER

Division of Corporations	
SUBJECT: Rolling 18 Inc.	
Name	of Corporation
DOCUMENT NUMBER: F22000006396	
The enclosed Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this n	natter to the following:
Kyle Stafford	
Name of Contact Person	
Rolling 18 Inc.	
Firm/Company	
28 Fernwood Lane	
Address	
Palm Coast Fl 32137	
City/State and Zip Code	
Jstafford1513@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, ple	ease call:
Kyle stafford 6	470-1106
Kyle stafford 6 Name of Contact Person A	rea Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida []	Department of State for the following amount:
■\$35.00 Filing Fee □ \$43.75 Filing Fee & Gertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations Division of Corporation	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, r E 32314	Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

(Name of corporation as it appears on the records of the Department of State) State of Wyoming October 17,2022 (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? [Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation to contained in new name of the corporation) [If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) If the amendment changes the period of duration, indicate new period of duration. [New jurisdiction] [New duration] [New duration] [If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent [Florida street address] New Registered Office Address: [City] [Zip Code]	F22	2000006396		
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New Registered Office Address:, Florida	(Flo	rida street address,)	
(City) (Zip Code)	New Registered Office_Address:	, Florida		
		(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	Naw Dagistarad Agant's Signature, if changing Dagista	arad Agante		
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Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Address Type of Action Name Title/ Capacity President Kyle Stafford 28 Fernwood Lane □Add Palm Coast Florida 32137 Remove Vice President Heather Stafford 26 Fernwood Lane Palm Coast Fl 32137 Remove PTD 26 Fernwood Lane Kyle Stafford \square Add Palm Coast Florida 32137 **©**Kemove □Add Remove \square Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

(Typed or printed name of person signing)

tle of person signing)